



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE RD. SUITE 210
LISLE, ILLINOIS 60532-4352

January 4, 2018

Mr. Bryan C. Hanson
Senior VP, Exelon Generation Company, LLC
President and CNO, Exelon Nuclear
4300 Winfield Road
Warrenville, IL 60555

**SUBJECT: LASALLE COUNTY STATION, UNITS 1 AND 2—TRIENNIAL FIRE PROTECTION
INSPECTION REPORT 05000373/2017010; 05000374/2017010**

Dear Mr. Hanson:

On December 1, 2017, the U.S. Nuclear Regulatory Commission (NRC) completed a Triennial Fire Protection Inspection at your LaSalle County Station, Units 1 and 2. The enclosed inspection report documents the inspection results, which were discussed on December 1, 2017, with Mr. W. Trafton, and other members of your staff.

The inspection examined activities conducted under your license as they relate to safety and compliance with the Commission's rules and regulations and with the conditions of your license. The inspectors reviewed selected procedures and records, observed activities, and interviewed personnel.

Based on the results of this inspection, one NRC-identified finding of very-low safety significance was identified. The finding involved violation of NRC requirements. However, because of the very-low safety significance, and because the issue was entered into your Corrective Action Program, the NRC is treating the issues as Non-Cited Violation in accordance with Section 2.3.2 of the NRC Enforcement Policy.

If you contest the violation or significance of the Non-Cited Violation, you should provide a response within 30 days of the date of this inspection report, with the basis for your denial, to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, DC 20555 0001; with copies to the Regional Administrator, Region III; the Director, Office of Enforcement; and the NRC resident inspector at the LaSalle County Station, Units 1 and 2. If you disagree with a cross-cutting aspect assignment or a finding not associated with a regulatory requirement in this report, you should provide a response within 30 days of the date of this inspection report, with the basis for your disagreement, to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, DC 20555-0001; with copies to the Regional Administrator, Region III; and the NRC resident inspector at the LaSalle County Station, Units 1 and 2.

This letter, its enclosure, and your response (if any) will be made available for public inspection and copying at <http://www.nrc.gov/reading-rm/adams.html> and at the NRC Public Document Room in accordance with 10 CFR 2.390, "Public Inspections, Exemptions, Requests for Withholding."

Sincerely,

/RA/

Robert C. Daley, Chief
Engineering Branch 3
Division of Reactor Safety

Docket Nos. 50-373; 50-374
License Nos. NPF-11; NPF-18

Enclosure:
IR 05000373/2017010; 05000374/2017010

cc: Distribution via LISTSERV®

Letter to Bryan C. Hanson from Robert C. Daley dated January 4, 2018

SUBJECT: LASALLE COUNTY STATION, UNITS 1 AND 2—TRIENNIAL FIRE PROTECTION INSPECTION REPORT 05000373/2017010; 05000374/2017010

DISTRIBUTION:

Jeremy Bowen
 RidsNrrDorLpl3
 RidsNrrPMLaSalle
 RidsNrrDirslrib Resource
 Steven West
 Kenneth O'Brien
 Richard Skokowski
 Allan Barker
 Carole Ariano
 Linda Linn
 DRPIII
 DRSIII
ROPreports.Resource@nrc.gov

ADAMS Accession Number ML18004A772

OFFICE	RIII	RIII	RIII	RIII
NAME	ADahbur:cl	RDaley		
DATE	01/03/18	01/04/18		

OFFICIAL RECORD COPY

U. S. NUCLEAR REGULATORY COMMISSION

REGION III

Docket No: 50-373; 50-374
License No: NPF-11; NPF-18

Report No: 05000373/2017010; 05000374/2017010

Licensee: Exelon Generation Company, LLC

Facility: LaSalle County Station, Units 1 and 2

Location: Marseilles, IL

Dates: October 30–December 1, 2017

Inspectors: A. Dahbur, Senior Reactor Inspector (Lead)
J. Gilliam, Reactor Inspector
A. Shaikh, Senior Reactor Inspector

Observer: N. Kahn, General Engineer (NSPDP)

Approved by: R. Daley, Chief
Engineering Branch 3
Division of Reactor Safety

Enclosure

SUMMARY

Inspection Report 05000373/2017010; 05000374/2017010; 10/30/2017–12/01/2017, LaSalle County Station, Units 1 and 2; Routine Triennial Fire Protection Baseline Inspection.

This report covers a 2-week announced Triennial Fire Protection Baseline Inspection. The inspection was conducted by Region III based engineering inspectors. One finding was identified by the inspectors. The finding was considered Non-Cited Violation of U.S. Nuclear Regulatory Commission (NRC) regulations. The significance of most findings is indicated by their color (i.e., greater than Green, or Green, White, Yellow, Red) using Inspection Manual Chapter (IMC) 0609, "Significance Determination Process," dated April 29, 2015. Cross-cutting aspects were determined using IMC 0310, "Aspects Within the Cross Cutting Areas." Findings for which the Significance Determination Process does not apply may be Green or be assigned a severity level after NRC management review. All violations of NRC requirements are dispositioned in accordance with the NRC's Enforcement Policy dated February 4, 2015. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG 1649, "Reactor Oversight Process," Revision 6, dated July 2016.

NRC-Identified and Self-Revealed Findings

Cornerstones: Initiating Events and Mitigating Systems

Green. The inspectors identified a finding of very-low safety significance (Green) and associated Non-Cited Violation of License Condition 2.C.15 for Unit 2, for the licensee's failure to ensure all fire rated assemblies (i.e., fire doors) were operable. Specifically, during a plant walk down, the inspectors found Fire Door 282 inoperable. The lower pin of the stationary part of the double door was not engaged, because the pin was broken. The licensee entered the issue into their Corrective Action Program and as an immediate action, declared the door inoperable, established hourly fire watch, and subsequently installed a new pin.

The inspectors determined that the performance deficiency was more-than-minor because the finding was associated with the Mitigating Systems cornerstone attribute of Protection Against External Factors (Fire) and affected the cornerstone objective of ensuring the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences. The inspectors determined that the issue screened as having very-low safety significance (Green) by answering "Yes" to Question 1.4.3.A of IMC 0609, Appendix F, Attachment 1 based on no combustible within 10 feet of Door 282 on the 5A4 side and one pin should still provide sufficient defense-in-depth for several hours before buckling or moving out of the frame. The finding had a cross-cutting aspect in the Procedure Adherence component of the Human Performance cross-cutting area. Specifically, the licensee failed to follow procedural guidance to thoroughly verify that fire doors were pinned when challenging the doors. [H.8] (Section 1R05.2.b)

Licensee-Identified Violations

No violations were identified.

REPORT DETAILS

1. REACTOR SAFETY

Cornerstones: Initiating Events and Mitigating Systems

1R05 Fire Protection (71111.05T)

The purpose of the Triennial Fire Protection Baseline Inspection was to conduct a design-based, plant specific, risk-informed, onsite inspection of the licensee's Fire Protection Program's defense-in-depth elements used to mitigate the consequences of a fire. The Fire Protection Program shall extend the concept of defense-in-depth to fire protection in plant areas important to safety by:

- preventing fires from starting;
- rapidly detecting, controlling and extinguishing fires that do occur;
- providing protection for structures, systems, and components important to safety so that a fire that is not promptly extinguished by fire suppression activities will not prevent the safe-shutdown of the reactor plant; and
- taking reasonable actions to mitigate postulated events that could potentially cause loss of large areas of power reactor facilities due to explosions or fires.

The inspectors' evaluation focused on the design, operational status, and material condition of the reactor plant's Fire Protection Program, post-fire safe shut-down (SSD) systems, and B.5.b mitigating strategies. The objectives of the inspection were to assess whether the licensee had implemented a Fire Protection Program that: (1) provided adequate controls for combustibles and ignition sources inside the plant; (2) provided adequate fire detection and suppression capability; (3) maintained passive fire protection features in good material condition; (4) established adequate compensatory measures for out-of-service, degraded or inoperable fire protection equipment, systems or features; (5) ensured that procedures, equipment, fire barriers and systems exist so that the post-fire capability to safely shut down the plant was ensured; (6) included feasible and reliable operator manual actions when appropriate to achieve SSD; and (7) identified fire protection issues at an appropriate threshold and ensured these issues were entered into the licensee's Problem Identification and Resolution Program.

In addition, the inspectors' review and assessment focused on the licensee's post-fire SSD systems for selected risk-significant fire areas. Inspector emphasis was placed on determining that the post-fire SSD capability and the fire protection features were maintained free of fire damage to ensure that at least one post-fire SSD success path was available. The inspectors' review and assessment also focused on the licensee's B.5.b-related license conditions and the requirements of Title 10 of the *Code of Federal Regulations* (CFR), Part 50.54 (hh)(2). Inspector emphasis was to ensure that the licensee could maintain or restore core cooling, containment, and spent fuel pool cooling capabilities utilizing the B.5.b mitigating strategies following a loss of large areas of power reactor facilities due to explosions or fires. Documents reviewed are listed in the Attachment to this report.

The fire areas and B.5.b mitigating strategies selected for review during this inspection are listed below and in Section 1R05.13. The fire areas selected constituted three inspection samples and the B.5.b mitigating strategies selected constituted two inspection sample, respectively, as defined in Inspection Procedure 71111.05T.

Fire Area	Description
4C1	Control Room
2I3	Unit 1 RHR Pump B&C Cubicle Room
4E4-2	Unit 2 Division 2 Essential Switchgear Room

.1 Protection of Safe Shutdown Capabilities

a. Inspection Scope

For each of the selected fire areas, the inspectors reviewed the fire hazards analysis, SSD analysis, and supporting drawings and documentation to verify that SSD capabilities were properly protected.

The inspectors also reviewed the licensee’s design control procedures to ensure that the process included appropriate reviews and controls to assess plant changes for any potential adverse impact on the Fire Protection Program and/or post-fire SSD analysis and procedures.

b. Findings

No findings were identified.

.2 Passive Fire Protection

a. Inspection Scope

For the selected fire areas, the inspectors evaluated the adequacy of fire area barriers, penetration seals, fire doors, electrical raceway fire barriers, and fire-rated electrical cables. The inspectors observed the material condition and configuration of the installed barriers, seals, doors, and cables. The inspectors reviewed approved construction details and supporting fire tests. In addition, the inspectors reviewed license documentation, such as U.S. Nuclear Regulatory Commission (NRC) Safety Evaluation Reports, and deviations from NRC regulations and National Fire Protection Association standards to verify that fire protection features met license commitments.

The inspectors walked down accessible portions of the selected fire areas to observe material condition and the adequacy of design of fire area boundaries (including walls, fire doors, and fire dampers) to ensure they were appropriate for the fire hazards in the area.

The inspectors reviewed the installation, repair, and qualification records for a sample of penetration seals to ensure the fill material was of the appropriate fire rating and that the installation met the engineering design.

b. Findings

Failure to Ensure Fire Door Was Engaged and Pinned

Introduction: The inspectors identified a finding of very-low safety significance (Green) and associated Non-Cited Violation (NCV) of License Condition 2.C.15 for Unit 2, for the licensee's failure to ensure all fire rated assemblies (i.e., fire doors) were operable. Specifically, during a plant walk down, the inspectors found Fire Door 282 inoperable. The lower pin of the stationary part of the double door was not engaged, the pin was broken.

Description: During a plant walk down, the inspector traversed through Fire Door 282, which was a double door separating U2 749 foot common area and the Reactor Protection System Motor Generator Set room in Unit 2 Auxiliary Buildings. When verifying that the fire door was latched closed, the inspector identified the lower pin was not engaged. The licensee's staff confirmed that the lower pin was broken and missing. As a result, operations staff declared the fire door inoperable, and the issue was entered into the licensee's Corrective Action Program (CAP) as Action Request 04075059, "NRC Identified – Door 282 Broken Floor Pin," dated November 15, 2017. Although the inactive door was latched to the top door frame, there was a small sway on the door even without the door pin extended into the bottom door frame. The licensee's staff re-latched the lower pin and the door was declared operable.

The licensee's Technical Requirements Manual (TRM), which contained the administrative controls for the Fire Protection Program as specified by the Updated Final Safety Analysis Report, stated that fire barriers are used to prevent the spread of a fire and to limit the damage from a fire. The TRM also defined a fire resistant door as a fire rated assembly which shall be operable at all times and specified a daily surveillance requirement to verify the position of each closed fire door. The licensee's Daily Fire Door Surveillance Procedure, LOS-FP-D1, "Fire Protection Door Daily Surveillance," instructed operators to verify the position of each closed fire door listed in an attachment of the procedure by ensuring the stationary door is pinned (both upper and lower pins) in position by challenging the door. In addition, the licensee's Fire Door Surveillance Procedure, LMS-ZZ-03, "Inspection of Fire Doors Separating Safety Related Fire Areas," instructed operators to verify top/bottom flush bolts/pins are engaging on inactive leaf, every 184 days.

The inspectors reviewed the licensee's work order for the Surveillance Procedure, LMS-ZZ-03 and on October 24, 2017, Fire Door 282 was checked off as passed. The licensee informed the inspectors that the failure of door hardware does periodically occur and it is not known when this pin may have failed. However, the licensee's Daily Fire Door Surveillance Procedure required operators to challenge the fire door to verify the fire door is indeed pinned. During the daily surveillance, the licensee failed to identify Fire Door 282 was inoperable. The inspectors determined that the broken lower pin did not ensure that the fire door would remain closed and latched during a fire in either fire areas and could result in fire propagation between the two adjacent fire areas.

Analysis: The inspectors determined that the licensee's failure to ensure that all fire doors were operable was contrary to TRM 3.7.o and was a performance deficiency. Specifically, during a plant walkdown, the inspectors identified that Fire Door 282 had a broken lower pin.

The performance deficiency was determined to be more-than-minor because the finding was associated with the Mitigating Systems cornerstone attribute of Protection Against External Factors (Fire) and affected the cornerstone objective of ensuring the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences. Specifically, the failure to identify that the stationary pins were extended into the door frame resulted in an inoperable fire door. The fire door was required to be operable at all times to ensure that a fire in one area would not propagate to another fire area.

In accordance with Inspection Manual Chapter (IMC) 0609, "Significance Determination Process," Attachment 0609.04, "Initial Characterization of Findings," Table 2 the inspectors determined the finding affected the Mitigation Systems cornerstone. The finding degraded fire protection defense-in-depth strategies, and the inspectors determined, using Table 3, that it could be evaluated using Appendix F, "Fire Protection Significance Determination Process." The finding was determined to affect the element of fire confinement per Step 1.4 of IMC 0609, Appendix F. The inspectors assigned a Moderate A degradation rating in accordance with Table A2.2 in Attachment 2 of Appendix F because the improper installed fire door hardware other than the latch mechanism (one bin was broke). The Fire Door 282 was installed between Fire Area 4D4 (Reactor Protection System Motor GeneratorSet) and Fire Area 5A4 (Cable Area Turbine Building). Combustible loading calculation showed that 4D4 had a fire severity of 1 hour and 27 minutes and 5A4 had a fire severity of 2 hours and 41 minutes. No combustibles within 10 feet of the double door 282 on the 5A4 fire area side. The inspectors determined that the as-found condition of Fire Door 282 with one of the two pins not latched would still have provided a defense-in-depth rating based on the door's ability to not buckle or move out of the frame until several hours of the onset of the fire. Although, the fire severity level for Fire Area 5A4 was greater than 1.5 hours, the inspectors determined that the issue screened as having very-low safety significance (Green) per answering "Yes" to Question 1.4.3.A of IMC 0609, Appendix F, Attachment 1 based on no combustibles within 10 feet of Door 282 on the 5A4 side and one pin would still have provided defense-in-depth rating for several hours before it could buckle or move out of the frame.

This finding had a cross-cutting aspect in the Procedure Adherence component of the Human Performance cross-cutting area. Specifically, the licensee failed to follow procedural guidance to thoroughly verify that fire doors were pinned when challenging the doors. [H.8]

Enforcement: License Condition 2.C.15 of the LaSalle County Station, Unit 2, Operating Licenses, required, in part, that the licensee implement and maintain all provisions of the approved Fire Protection Program as described in the Final Safety Analysis Report for LaSalle County Station, and as approved in NUREG-0519, "Safety Evaluation Report," dated March 1981 through Supplement No. 8 and all associated amendments. In TRM 3.7.o, "Fire Rated Assemblies," required that all fire rated assemblies shall be operable at all times.

Contrary to the above, on November 15, 2017, the inspector found a fire rated door required by the TRM 3.7.o inoperable. Specifically, the inspectors found the lower pin on the stationary part of the double door 282 was not engaged. The lower pin was broken. Door 282 was a fire door that was required to be operable at all times per TRM 3.7.o. The licensee entered this issue into their CAP as Action Request 04075059

and as an immediate action, the licensee declared the door inoperable, established an hourly fire watch, and subsequently installed a new pin. Because this violation was of very-low safety significance and it was entered into the licensee's CAP, this violation is being treated as a NCV, consistent with Section 2.3.2 of the NRC Enforcement Policy. **(NCV 05000374/2017010-01, Failure to Ensure Fire Door Was Engaged and Pinned)**

.3 Active Fire Protection

a. Inspection Scope

For the selected fire areas, the inspectors evaluated the adequacy of fire suppression and detection systems. The inspectors observed the material condition and configuration of the installed fire detection and suppression systems. The inspectors reviewed design documents and supporting calculations. In addition, the inspectors reviewed license basis documentation, such as, NRC Safety Evaluation Reports, deviations from NRC regulations, and National Fire Protection Association standards to verify that fire suppression and detection systems met license commitments. The inspectors reviewed fire brigade drill records and walked down pre-fire plans for select areas.

b. Findings

No findings were identified

.4 Protection from Damage from Fire Suppression Activities

a. Inspection Scope

For the selected fire areas, the inspectors verified that redundant trains of systems required for hot shutdown would not be subject to damage from fire suppression activities or from the rupture or inadvertent operation of fire suppression systems including the effects of flooding. The inspectors conducted walkdowns of each of the selected fire areas to assess conditions such as the adequacy and condition of floor drains, equipment elevations, and spray protection.

b. Findings

No findings were identified.

.5 Alternative Shutdown Capability

a. Inspection Scope

The inspectors reviewed the licensee's systems required to achieve alternative SSD to determine if the licensee had properly identified the components and systems necessary to achieve and maintain SSD conditions. The inspectors also focused on the adequacy of the systems to perform reactor pressure control, reactivity control, reactor coolant makeup, decay heat removal, process monitoring, and support system functions.

The inspectors conducted selected area walk downs to determine if operators could reasonably be expected to perform the alternate SSD procedure actions and that equipment labeling was consistent with the alternate SSD procedure. The review also looked at operator training as well as consistency between the operations shutdown procedures and any associated administrative controls.

b. Findings

No findings were identified

.6 Circuit Analyses

a. Inspection Scope

The inspectors verified that the licensee performed a post-fire SSD analysis for the selected fire areas and the analysis appropriately identified the structures, systems, and components important to achieving and maintaining SSD. Additionally, the inspectors verified that the licensee's analysis ensured that necessary electrical circuits were properly protected and that circuits that could adversely impact SSD due to hot shorts, shorts to ground, or other failures were identified, evaluated, and dispositioned to ensure spurious actuations would not prevent SSD.

The inspectors' review considered fire and cable attributes, potential undesirable consequences, and common power supply/bus concerns. Specific items included the credibility of the fire threat, cable insulation attributes, cable failure modes, and actuations resulting in flow diversion or loss of coolant events.

The inspectors also reviewed cable raceway drawings for a sample of components required for post-fire SSD to verify that cables were routed as described in the cable routing matrices.

The inspectors reviewed circuit breaker coordination studies to ensure equipment needed to conduct post-fire SSD activities would not be impacted due to a lack of coordination. Additionally, the inspectors reviewed a sample of circuit breaker maintenance records to verify that circuit breakers for components required for post-fire SSD were properly maintained in accordance with procedural requirements.

The inspectors verified for cables that are important to SSD, but not part of the success path, and that do not meet the separation/protection requirements of Section III.G.2 of 10 CRF Part 50, Appendix R, that the circuit analysis considered the cable failure modes. In addition, the inspectors have verified that the licensee has either:
(1) determined that there is not a credible fire scenario (through fire modeling),
(2) implemented feasible and reliable manual actions to assure SSD capability, or
(3) performed a circuit fault analysis demonstrating no potential impact on SSD capability exists.

b. Findings

No findings were identified.

.7 Communications

a. Inspection Scope

The inspectors reviewed, on a sample basis, the adequacy of the communication system to support plant personnel in the performance of alternative SSD functions and fire brigade duties. The inspectors verified that plant telephones, page systems, sound powered phones, and radios were available for use and maintained in working order. The inspectors reviewed the electrical power supplies and cable routing for these systems to verify that either the telephones or the radios would remain functional following a fire.

b. Findings

No findings were identified.

.8 Emergency Lighting

a. Inspection Scope

The inspectors performed a plant walk down of selected areas in which a sample of operator actions would be performed in the performance of alternative SSD functions. As part of the walk downs, the inspectors focused on the existence of sufficient emergency lighting for access and egress to areas and for performing necessary equipment operations. The locations and positioning of the emergency lights were observed during the walk down and during review of manual actions implemented for the selected fire areas.

b. Findings

No findings were identified.

.9 Cold Shutdown Repairs

a. Inspection Scope

For the three fire areas that were selected, the licensee did not credit any repairs in order to achieve cold shutdown. Therefore, no reviews were performed by the inspectors for this procedure section.

b. Findings

No findings were identified

.10 Compensatory Measures

a. Inspection Scope

The inspectors conducted a review to verify that compensatory measures were in place for out-of-service, degraded or inoperable fire protection and post-fire SSD equipment, systems, or features (e.g., detection and suppression systems, and equipment, passive fire barriers, pumps, valves or electrical devices providing SSD functions or capabilities). The inspectors also conducted a review of the adequacy of short term compensatory

measures to compensate for a degraded function or feature until appropriate corrective actions were taken.

b. Findings

No findings were identified.

.11 Review and Documentation of Fire Protection Program Changes

a. Inspection Scope

The inspectors reviewed changes to the approved Fire Protection Program to verify that the changes did not constitute an adverse effect on the ability to safely shutdown. The inspectors also reviewed the licensee's design control procedures to ensure that the process included appropriate reviews and controls to assess plant changes for any potential adverse impact on the Fire Protection Program and/or post-fire SSD analysis and procedures.

b. Findings

No findings were identified.

.12 Control of Transient Combustibles and Ignition Sources

a. Inspection Scope

The inspectors reviewed the licensee's procedures and programs for the control of ignition sources and transient combustibles to assess their effectiveness in preventing fires and in controlling combustible loading within limits established in the fire hazards analysis. A sample of hot work and transient combustible control permits were also reviewed. The inspectors performed plant walk downs to verify that transient combustibles and ignition sources were being implemented in accordance with the administrative controls.

b. Findings

No findings were identified.

.13 B.5.b Inspection Activities

a. Inspection Scope

The inspectors reviewed the licensee's preparedness to handle large fires or explosions by reviewing selected mitigating strategies. This review ensured that the licensee continued to meet the requirements of their B.5.b-related license conditions, and 10 CFR 50.54(hh)(2) by determining that:

- procedures were being maintained and adequate;
- equipment was properly staged, maintained, and tested;
- station personnel were knowledgeable and could implement the procedures; and
- additionally, inspectors reviewed the storage, maintenance, and testing of B.5.b-related equipment.

The inspectors reviewed the licensee’s B.5.b-related license conditions and evaluated selected mitigating strategies to ensure they remain feasible in light of operator training, maintenance/testing of necessary equipment and any plant modifications. In addition, the inspectors reviewed previous inspection reports for commitments made by the licensee to correct deficiencies identified during performance of Temporary Instruction 2515/171 or subsequent performances of these inspections.

The B.5.b mitigating strategies selected for review during this inspection are listed below. The offsite and onsite communications, notifications/emergency response organization activation, initial operational response actions and damage assessment activities identified in Table A.3-1 of Nuclear Energy Institute 06-12, “B.5.b Phase II and III Submittal Guidance,” Revision 2, are evaluated each time due to the mitigation strategies’ scenario selected.

NEI 06-12, Revision 2, Section	Licensee Strategy (Table)
2.3.2	Spent Fuel Pool External Spray
3.4.1	Manual Operation of RCIC

b. Findings

No findings were identified.

4. OTHER ACTIVITIES

4OA2 Identification and Resolution of Problems (71152)

a. Inspection Scope

The inspectors reviewed the licensee’s CAP procedures and samples of corrective action documents to verify that the licensee was identifying issues related to the Fire Protection Program at an appropriate threshold and entering them in the CAP. The inspectors reviewed selected samples of condition reports, design packages, and fire protection system non-conformance documents.

b. Findings

No findings were identified.

4OA6 Management Meetings

.1 Exit Meeting Summary

The inspectors presented the inspection results to Mr. W. Trafton, and other members of the licensee staff on December 1, 2017. The licensee acknowledged the issues presented. The inspectors confirmed that none of the potential report input discussed was considered proprietary.

ATTACHMENT: SUPPLEMENTAL INFORMATION

SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensee

W. Trafton, Site Vice President
H. Vinyard, Plant Manager
J. Kowalski, Maintenance Director
J. Keenan, Engineering Director
J. Ward, Work Control Director
J. Stovall, Operations Director
G. Ford, Regulatory Assurance Manager
D. Murray, Regulatory Assurance
R. Dudley, Operation Planner
J. Sipek, Program Engineering
N. Plumey, Plant Engineering Manager
T. Parent, System Engineering
W. Collins, Fire Marshall
C. Pragman, Component Engineering
T. Granlund, Operation Support Manager
D. Warren, Operation Field Supervisor
S. Froisland, System Engineering
C. Lanphierd, Maintenance Supervisor
S. Desai, Design Engineering
D. Mearhoff, Program Engineering
J. Van Fleet, Operations Manager

U.S. Nuclear Regulatory Commission

R. Ruiz, Senior Resident Inspector

LIST OF ITEMS OPENED, CLOSED AND DISCUSSED

Opened, Closed and Discussed

05000374/2017010-01 NCV Failure To Ensure Fire Door Was Engaged And Pinned
(Section 1R05.2.B)

LIST OF ACRONYMS USED

CAP	Corrective Action Program
CFR	<i>Code of Federal Regulations</i>
IMC	Inspection Manual Chapter
NCV	Non-Cited Violation
NRC	U.S. Nuclear Regulatory Commission
SSD	Safe Shutdown
TRM	Technical Requirements Manual

LIST OF DOCUMENTS REVIEWED

The following is a list of documents reviewed during the inspection. Inclusion on this list does not imply that the NRC inspectors reviewed the documents in their entirety, but rather, that selected sections of portions of the documents were evaluated as part of the overall inspection effort. Inclusion of a document on this list does not imply NRC acceptance of the document or any part of it, unless this is stated in the body of the inspection report.

CALCULATIONS

<u>Number</u>	<u>Description or Title</u>	<u>Revision</u>
L-003779, A6	LaSalle Station Fire Safe Shutdown Multiple Spurious Operation Scenario 3a, 3b, and 3c Evaluation	0

CORRECTIVE ACTION PROGRAM DOCUMENTS ISSUED DURING INSPECTION

<u>Number</u>	<u>Description or Title</u>	<u>Date</u>
04070020	NRC ID- Lighting in the U1 RB 740 RCIC VLV RM	11/01/2017
04079580	PCI Interam Fire Wrap for 2E22-F004	11/30/2017
04076617	Fire Protection Mechanical Couplings Corrosion	11/20/2017
04070838	FP Victaulic Coupling Walkdown Results	11/04/2017
04075059	Door 282 Broken Floor Pin	11/15/2017
04075182	Tether on Cable Tray	11/15/2017
04070020	Lighting in Unit 1 RB 740 RCIC Valve Room	11/02/2017

CORRECTIVE ACTION PROGRAM DOCUMENTS REVIEWED DURING INSPECTION

<u>Number</u>	<u>Description or Title</u>	<u>Date</u>
01060653	MSOPS 3A and 3B Potential Opening of All Reactor SRVS	04/23/2010
02502230	Missing Fire Retardant U2 Inside MCR Panel Beam	05/18/2015
01582612	Unit 1 Cable Spreading Room Deluge Line Leaking at Victaulic	11/08/2013
04056713	FP Piping Rupture Requires Repair	09/28/2017

DRAWINGS

<u>Number</u>	<u>Description or Title</u>	<u>Revision</u>
1E-2-3447	Electrical Installation Auxiliary Building and Sections Details	F
1E-2-3664	Cable Pan Routing Auxiliary Building	J
1E-2-3445	Electrical Installation Auxiliary Equipment Room	AF
1E-0-3333	Cable in Raceway Segregation Chart	H
1E-1-4214AA	Schematic Diagram Remote Shutdown System "RS"	M
1E-1-4201AA	Schematic Diagram Auto Depressurization System "NB"	M

PROCEDURES

<u>Number</u>	<u>Description or Title</u>	<u>Revision</u>
EP-AA-112-100-F-06	ERO Notification or Augmentation	W
LOA-SY-003	Extreme Mitigation Guideline	9
LOS-SY-SRI	B.5.b Mitigating Strategies Equipment Surveillance	24

LGA-RI-103	Unit 1 RPV Injection Using RCIC When Loss of DC is Imminent or Has Occurred	6
LOS-FP-R6	Preaction Spray Systems Functional Test	16
LOS-FP-SR3	Fire Protection Water Spray/Sprinkler Systems Headers, Nozzles and Sprinkler Integrity Inspection	3 and 4

WORK ORDERS

<u>Number</u>	<u>Description or Title</u>	<u>Date</u>
04686050	B.5.b Diesel Driven Pump Annual Flow Test	09/15/2017
01931926	B.5.b Support Equipment Inventory	12/12/2016
01820989	Diesel Fire Pump "A" Flow Test	09/27/2016
01756291	Diesel Fire Pump "B" Flow Test	01/15/2016
04674976	LOS-FP-D1, 2A FP Door Daily Surveillance	08/21/2017
04674977	LOS-FP-D1, 1A FP Door Daily Surveillance	08/21/2017
04635157	LMS-ZZ-03, Inspection of Fire Doors Separating Safety Related Fire Areas	10/31/2017